



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
Chief Deputy Director

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February 16, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**DELEGATE AUTHORITY TO ACCEPT TWO ANTICIPATED COOPERATIVE
AGREEMENTS FROM THE CENTERS FOR DISEASE CONTROL AND
PREVENTION, AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request delegated authority to accept two anticipated Cooperative Agreements from the Centers for Disease Control and Prevention, funded through the American Recovery and Reinvestment Act of 2009, and obtain approval to initiate sole source agreements with key partners for the provision of obesity and tobacco control prevention efforts throughout the County.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Delegate authority to the Director of the Department of Public Health (DPH) or his designee, to accept and execute two anticipated Cooperative Agreements (Agreement) from the Centers for Disease Control and Prevention (CDC), funded through the American Recovery and Reinvestment Act of 2009 (ARRA). The total amount of possible funding is estimated to be \$40,000,000, consisting of \$20,000,000 over a two-year period for: 1) Project Renew Environments for Nutrition, Exercise and Wellness, in Los Angeles County (RENEW-LAC); and 2) Project Tobacco Reduction Using effective Strategies and Teamwork (TRUST), both of which would be effective February 26, 2010 through February 25, 2012, subject to review and approval by County Counsel and the Chief Executive Office (CEO) and notification to your Board.

2. Delegate authority to the Director of DPH, or his designee, to accept and execute future awards and/or amendments that are consistent with the requirements of the above two CDC Agreements, that extend the terms of funding through February 25, 2014, allows for rollover of unspent funds and the internal redirection of funds, or that provides an increase or decrease of funding up to 30 percent of each year's base award, contingent upon the availability of ARRA funds, subject to review and approval by County Counsel and the CEO and notification to your Board.
3. Delegate authority to the Director of DPH, or his designee, to execute agreements with Public Health Foundation Enterprises, Inc. (PHFE) for the provision of temporary personnel services under delegated authority previously approved by your Board on September 19, 2006, and to extend the term of the agreements to February 25, 2012, to support: 1) Project RENEW LAC at an estimated amount of \$8,521,560; and 2) Project TRUST at an estimated amount of \$6,020,733, 100 percent funded by ARRA funds, effective February 26, 2010 through February 25, 2012, subject to review and approval by County Counsel and the CEO and notification to your Board.
4. Delegate authority to the Director of DPH, or his designee, to execute amendments to the proposed PHFE Agreements, that extend the term through February 25, 2014, allow for the rollover of unspent funds, and/or increase or decrease funding up to 30 percent of each year's maximum obligation, contingent upon availability of ARRA funds, subject to review and approval by County Counsel and the CEO and notification to your Board.
5. Delegate authority to the Director of DPH, or his designee, to execute sole source agreements with providers identified in Exhibits I and I-A, execute future agreements not to individually exceed \$200,000 annually, amend these agreements to extend the term, allow for the rollover of unspent funds, internally redirect funds, or increase or decrease funding up to 30 percent of each year's maximum obligation, for the period of February 26, 2010 through February 26, 2014, contingent upon availability of ARRA funds, subject to review and approval by County Counsel and the CEO and notification to your Board.
6. Authorize DPH, upon confirmation of funding, to hire seven new full-time equivalent positions for Project TRUST – two Contract Program Auditors, one Health Care Financial Analyst, one Accountant II, one Staff Analyst, one Administrative Assistant II, and one Senior Typist Clerk in excess of what is provided for in the Department's staffing ordinance, pursuant to Section 6.06.020 of the County Code, and subject to allocation. These proposed positions will be

responsible for the administrative and financial management of the grant, and will be 100 percent funded by ARRA funds.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On November 29, 2009, DPH electronically submitted to the CDC one application for the Obesity Prevention focus area and another application for the Tobacco Prevention and Control focus area. Summaries of the applications were also provided to your Board.

While the announcements regarding these awards is not expected until February 26, 2010, DPH is requesting your Board's approval of these actions in order to move quickly and begin the start-up process, should the County be awarded these funds.

Further, approval of these actions will allow DPH to comply with the administrative and programmatic requirements detailed in the CDC Cooperative Agreement, which includes a **very short time frame** from start-up to project implementation in the field; a comprehensive monitoring and evaluation plan, and timely observance of reporting requirements specified. Under ARRA, preference is given to project activities that can be started and completed expeditiously, with a goal of using the funds for activities that can be **initiated** no later than **120 days** after date of award notification. In addition, grant recipients are expected to use grant funds in a manner that maximizes job creation and economic benefit within these time constraints, targeting large employers and preferred entities or settings (e.g., schools, local government agencies, cities, communities, etc.), as prescribed by the funding agency.

The CDC has set stringent guidelines which dictate that the short time frame must be followed and that certain benchmarks must be met by each grantee. In the event that the money for one or both agreements is awarded to DPH and the department is unable to accept funding in a timely manner, key grant benchmarks will be missed. The CDC has been clear regarding this issue and has been authorized to take certain enforcement actions, including early termination of a grantee's funding if required benchmarks are not met. Key benchmarks that will be closely monitored by the CDC include having the majority of staff/contractors hired and submitting a quarterly progress report within 90 days of the scheduled February 26, 2010 award notification date. These requirements are central to the recommended actions outlined in this letter.

The recommended actions provide DPH with the delegated authority to accept funding from the CDC to support evidence-based, cross-disciplinary obesity and tobacco control and prevention efforts throughout Los Angeles County (County), which includes entering into new agreements with: 1) up to 21 key partner organizations that will implement required components of the projects with contractors listed on Attachment D;

2) up to 10 community-based organizations (CBO), cities, and/or school districts selected as the result of a Request for Proposals (RFP) process by the DPH Division of Chronic Disease and Injury Prevention Program (DCDIP) to implement nutrition policies and expand opportunities for physical activities; 3) up to 140 social services agencies to implement tobacco cessation programs through mini grants; and 4) one media company, subject to results of a Request For Information (RFI). In addition, DPH would be authorized to fill seven new positions required to support the RENEW LAC and TRUST projects.

DPH intends to enter into sole source agreements with the aforementioned entities based on specific criteria stipulated in the CDC Cooperative Agreement. The selected entities will include school districts, cities, a media company and agencies that provide services uniquely aligned with requirements detailed in the Cooperative Agreement. School districts were selected based on their broad reach, reflecting the County's 10.2 million population, and representing targeted areas with high concentration of at-risk groups for diseases caused by obesity and tobacco use. The selected cities were identified based on whether they had an existing public health department (Long Beach and Pasadena) and/or given their large representation of the County's total population (e.g., the City of Los Angeles). Media development and placement companies were selected based on their expertise in the area of obesity prevention and tobacco control, and contractual ability to place media advertisements in specific/exclusive venues throughout the County and geographic areas targeted by the proposed interventions outlined in the Cooperative Agreement (e.g., City of Los Angeles in bus shelters and metro/rail). Finally, the remaining agencies and organizations were selected based on their unique expertise or services that met the programmatic and administrative requirements of the Cooperative Agreement (e.g., capacity to conduct the Youth Risk Behavior Surveillance Survey (YRBSS)).

This funding would represent substantial financial support for DPH and will provide an unprecedented opportunity to directly promote the adoption and implementation of policies by County departments, cities, school districts, and employers to increase physical activity, improve access to healthy food and beverage options, discourage smoking, and reduce exposure to secondhand smoke.

Project RENEW LAC will implement a coordinated community action plan that includes interventions in the five strategy areas required by the CDC (media, access, point of purchase/promotion, price, and social support and services). Specifically, the initiative will: 1) implement a countywide social marketing and advocacy campaign to promote healthy eating and discourage consumption of less healthy food and beverages; 2) adopt and implement nutrition and physical activity policies among pre-school providers; 3) promote, adopt, and implement the October 2009 Institute of Medicine school meal nutrition recommendations in schools within the county; 4) amplify capacity to effectively

implement physical education policies in schools within the county; 5) develop, adopt, and implement healthy food and beverage policies in cities and County government agencies; 6) adopt and implement breastfeeding and lactation accommodation policies in public and private sector work settings; 7) establish pedestrian- and bicycle-friendly cities and communities through transit-oriented district designs and healthy development policies, especially in disadvantaged communities; and 8) expand reach and strengthen capacity for policy planning, development, and implementation through technical assistance and other support in high need areas.

Project TRUST will implement a coordinated community action plan comprised of seven interventions, including: 1) a multi-faceted media campaign; 2) comprehensive smoke-free outdoor air policies; 3) smoke-free multi-unit housing policies; 4) point-of-purchase marketing restrictions; 5) cigarette butt litter fee policies; 6) a policy and smoking cessation initiative targeting schools; and 7) a policy and smoking cessation initiative targeting social service agencies. Community Mobilization Teams will be assembled to address these policy goals using the Policy Adoption Model (PAM). The PAM model was developed and has been used by the DPH Tobacco Control and Prevention Program with great success over the past five years. The model provides local tobacco control coalitions with an easy-to-implement, step-by-step guide to facilitate legislative policy adoption in local jurisdictions.

Implementation of Strategic Plan Goals

The recommended actions are consistent with the County Strategic Plan Goal 2, Children, Family and Adult Well-Being, Goal 3, Community and Municipal Services, Goal 4, Health and Mental Health, and Goal 5, Public Safety, by directly providing a number of community services and by influencing the adoption and implementation of community-wide and school-based policies for the provision of physical activity, nutrition, and tobacco control and prevention services.

FISCAL IMPACT/FINANCING

Approval of these proposed actions will allow DPH to accept two anticipated CDC Cooperative Agreements at an estimated amount not to exceed \$40,000,000, consisting up to \$20,000,000 for each project, effective February 26, 2010 through February 25, 2012, 100 percent funded by ARRA funds.

The cost of the agreements associated with this action will be funded through ARRA funding, for the period of February 26, 2010 through February 25, 2012, at no net County cost.

Upon confirmation of funding, we will return to your Board for approval of an Appropriation Adjustment.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On September 17, 2009, the Department of Health and Human Services announced the release of the community component of the Recovery Act Prevention and Wellness Grant, the CDC's Communities Putting Prevention to Work Initiative. A total of \$373 million was made available for grants to communities with local health departments as the lead grantee. DPH immediately began preparation to submit two proposals: one for Category A (obesity prevention, physical activity, and nutrition) and one for Category B (tobacco control and prevention).

On September 29, 2009, your Board instructed the Director of DPH to review this funding opportunity announcement; to develop a countywide proposal in response to the Communities Putting Prevention to Work Initiative; provide a report to your Board by October 16, 2009 that would outline the parameters of DPH's funding proposal; and report to your Board by November 13, 2009 on a proposed funding application for submission to the CDC by December 1, 2009.

On October 15, 2009, DPH provided your Board with an interim report outlining the parameters of DPH's two funding proposals to the CDC (Attachment A).

On November 23, 2009, your Board sent a five signature letter to the CDC in support of DPH's "Communities Putting Prevention to Work" grant application (Attachment B).

On November 25, 2009, DPH provided to your Board a report on the proposed funding applications for submission to the CDC by December 1, 2009 (Attachment C).

In order to meet the strict requirements of the timeline set forth in the CDC's funding announcement, DPH must be prepared, if funded, to support a rapid implementation of the grant activities. Therefore, DPH will be utilizing your Board's standing agenda "A" item to expedite the review and approval of the necessary Appropriation Adjustment should the County be awarded the ARRA funds. Upon receipt of the grant, DPH plans to work with the grantor to modify the budget to authorize the use of funding for expenses related to special grant activities.

CONTRACTING PROCESS

Bids for the personnel services agreements were solicited from PHFE and MAXIM, the two personnel services contractors who currently have agreements with DPH. PHFE was selected because they submitted the lowest bid. As is highlighted in

recommendation three, DPH is requesting authority to execute temporary personnel services agreements with PHFE using the delegated authority previously approved by your Board on September 19, 2006, and to extend the term of the agreements to February 25, 2012. DPH is currently working on a solicitation process to rebid the Temporary Personnel Agreements currently with PHFE and Maxim, which are slated to expire on June 30, 2010.

To accomplish the goals of the projects, DPH will enter into sole source agreements with: the cities of Los Angeles, Long Beach and Pasadena, the Los Angeles County Office of Education (LACOE), the Los Angeles Unified School District (LAUSD), UCLA Smoking Cessation Leadership Center, California Smokers' Helpline at University of California at San Diego (UCSD), Technical Assistance Legal Center, Oxford Outcomes, Inc., the Center/American Lung California Association of California, American Legacy Foundation, Dr. Neil Klepeis, The Rogers Group, CBS Outdoor, Los Angeles Universal Preschool (LAUP) and California Center for Public Health Advocacy (CCPHA). The justification for each sole source agreement is provided in Attachment D.

On November 19, 2009, DCDIP released an RFP to expand the reach of Project RENEW LAC. The RFP solicited proposals from cities, school districts, and CBOs to develop and implement a policy, systems or environmental change to increase physical activity, improve nutrition, and reduce obesity prevalence. Proposals were due December 21, 2009 and are currently being reviewed. Contingent upon CDC funding, DPH will fund approximately 10 applicants at \$125,000 per year over a two-year period. The anticipated contract term is February 26, 2010 through February 25, 2012. Further information is provided in Attachment E.

On November 2, 2009 the Tobacco Control and Prevention Program's mini-grant prequalification application was sent to 763 social service agencies and each Board office to post on their websites and to distribute to their constituents. The deadline for application submission was December 31, 2009. Each applicant was sent a confirmation email for delivery receipt. On March 1, 2010 each applicant will be sent a notification regarding their award status. Further information is listed in Attachment E.

Attachment A is an interim report provided to your Board outlining the parameters of the two DPH funding proposals submitted to the CDC. Attachment B is a copy of the five signature letter to the CDC from your Board in support of DPH's "Communities Putting Prevention to Work" grant application. Attachment C is the proposed funding applications submitted to the CDC. Attachment D is the Sole Source justification for each provider. Attachment E is a list of other agreements. Attachment F is the memo to your Board for Sole Source Agreements over \$250,000. Attachment G is the Sole Source Checklist.

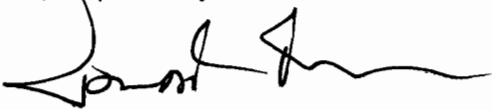
The Honorable Board of Supervisors
February 16, 2010
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Exhibits I and I-A provide a list of the providers and funding information for each agency. Attachments A through F have been approved by County Counsel and Attachment G has been signed by the CEO.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow DPH to accept grant funds and provide for effective and timely initiatives and activities to support obesity and tobacco prevention efforts throughout the County.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Jonathan E. Fielding', written over a horizontal line.

 Jonathan E. Fielding, MD, MPH
Director and Health Officer

Attachments (8)

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
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Fifth District

October 15, 2009

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *Jonathan E. Fielding*
Director and Health Officer

SUBJECT: **FEDERAL FUNDING INITIATIVE - COMMUNITIES PUTTING PREVENTION TO WORK**

This is in response to the September 29, 2009 Board motion directing the Department of Public Health (DPH) to review the Health and Human Services funding opportunity announcement (FOA) for the Communities Putting Prevention to Work initiative; collaborate with community partners, in addition to those currently part of the Programs for Livable and Active Communities and Environments (PLACE) program, in developing a countywide proposal in response to the Centers for Disease Control and Prevention (CDC) funding initiative; and provide a report back to the Board by October 16, 2009 that outlines the parameters of the Department's funding proposal to the CDC.

Background

This Communities Putting Prevention to Work funding initiative includes \$373 million that will be awarded to 30-40 local jurisdictions across the country to address two focus areas: tobacco control and nutrition/physical activity/obesity prevention. For the largest jurisdictions (those with a population of over 1 million), the funding awards will be in the range of \$10-20 million over a two-year period. Jurisdictions may submit proposals for one or both focus areas. If a jurisdiction applies for both, however, separate applications are required. The deadline for proposal submission is December 1, 2009 and awards are scheduled to be made on February 26, 2010. The FOA requires that the local health department, or its bona fide agent, serve as the lead in the application but also specifies that proposals must include broad partnerships with community, school, city, county, and other stakeholders.

Considering the number of jurisdictions eligible, this will be a highly competitive grant.

The FOA also specifies that proposals must focus on policy, systems, and environmental changes, and provides a menu of five intervention areas (referred to as MAPPS) that must be addressed in each proposal: Media, Access, Point of Purchase/Promotion, Price, and Social Support and Services (see Attachment for specific examples). Funding cannot be used for clinical services, with the exception of tobacco cessation services, or for construction. The FOA is clear that for proposals to be competitive, they must focus on population-level interventions rather than individual-level services and should be jurisdiction-wide while also addressing populations disproportionately burdened by chronic disease.

Parameters of the Department's Funding Proposal

DPH will submit applications for both focus areas and has already initiated a process to solicit stakeholder input. DPH staff have met with or are in the process of scheduling meetings with representatives from the County's Chief Executive Office (CEO), Department of Regional Planning, Department of Public Works, Department of Parks and Recreation, City of Los Angeles, Los Angeles County Office of Education (LACOE), Los Angeles Unified School District (LAUSD), First 5 LA, the Los Angeles County Metropolitan Transportation Authority (Metro), the City of Long Beach Department of Health, and the City of Pasadena Public Health Department. Given the FOA's call for jurisdiction-wide interventions, we believe it is imperative to include these large departments, agencies, and organizations as partners in the proposal to be competitive.

DPH has also convened a meeting with local tobacco control experts and key stakeholders (including community coalitions) and with local experts and key community stakeholders on nutrition and physical activity-related policy on October 13 and 15, 2009, respectively. In addition, a larger, open-invitation community stakeholder meeting is scheduled on October 20, 2009 from 9:00 to 11:30, in the main auditorium at 313 North Figueroa Street, Los Angeles, CA.

Input provided at these meetings will assist DPH in identifying interventions in each proposal that address all five MAPPS intervention areas. It is important that each proposal includes a comprehensive, integrated approach that reaches large segments of the county population, rather than a patchwork of disconnected programs targeted to small population groups. In keeping with this strategy, it is anticipated that the proposals will include partnerships with other County departments to implement policies and plans that promote physical activity and increased access to healthy foods in the county's unincorporated areas. Partnerships will also likely be established with the City of Los Angeles and the Long Beach and Pasadena health departments to implement similar measures in their respective jurisdictions. A condition of partnership will be the inclusion of community coalitions and/or community-based organizations with experience in tobacco control or nutrition and physical activity policy work. In addition, partnerships will likely be established with LACOE and LAUSD to implement policy and environmental change in the school setting. Partnerships will also be pursued with other large policymaking bodies, such as Metro and First 5 LA.

To further engage smaller communities, cities, and school districts in the nutrition and physical activity proposal, DPH, if successful in obtaining an award, will likely release a request for proposals from partnerships of community organizations, cities and school districts using the 2007 PLACE Program grants as a model. Approximately eight awards will be made in communities with high childhood obesity rates, with at least one award in each service planning area (SPA) to ensure broad geographic representation.

In the tobacco control proposal, DPH plans to award approximately 100 mini-grants to social service agencies to implement smoking cessation programs that include the adoption of smoke-free environment policies and the provision of effective smoking cessation services for clients and staff. Additionally, DPH will likely work with a coalition of homeless shelters to address barriers to integrating smoking dependence treatment and smoke-free standards in homeless facilities in Los Angeles County.

Each Supervisor
October 15, 2009
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Next Steps

Within the next four weeks, DPH will formalize partnerships and draft the plan for each proposal. As requested, DPH will provide a report to the Board on November 13, 2009 with further details of the proposals.

Given the very short time before the proposal due date of December 1, 2009, DPH will be requesting Board approval of sole source agreements for the proposal in an expedited time frame. In addition, DPH will be conducting an expedited RFP process for the eight community/city/school district sub-awards that will be included in the nutrition/physical activity proposal. Though it will not be possible to complete this process by the application due date, it will be important to demonstrate in the application that we have initiated the process and that it will be completed by the time of the February 26, 2010 award date.

The FOA requires that, if funded, the local health department and partners have all staff on board and up and running within 60-90 days of the award. Given this short time frame, DPH will request delegated authority from the Board to accept the award.

It is anticipated that the CDC will receive hundreds of proposals and that the review process will be extremely competitive. Therefore, it is essential that our application in each focus area include an extremely compelling proposal with policy and environmental change interventions that can reach large segments of the county population. In addition, we will need to demonstrate that we have the support of County leadership and will be requesting letters of support from the CEO and your Board.

If you have any questions or need additional information, please let me know.

JEF:ps
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Attachment

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

Menu of Policy and Environmental Change Strategies
 Department of Health and Human Services Funding Opportunity
 September 2009

	Nutrition	Physical Activity
Media	<ul style="list-style-type: none"> Media and advertising restrictions Promote healthy food/drink choices Counter-advertising for unhealthy choices 	<ul style="list-style-type: none"> Promote increased activity Promote use of public transit Promote active transportation (bicycling and walking) Counter-advertising for screen time
Access	<ul style="list-style-type: none"> Healthy food/drink availability (e.g., incentives to food retailers to locate/offer healthier choices in underserved areas, healthier choices in child care, schools, worksites) Limit unhealthy food/drink availability (whole milk, sugar sweetened beverages, high-fat snacks,) Reduce density of fast food establishments Eliminate transfat through purchasing actions, labeling initiatives, restaurant standards Reduce sodium through purchasing actions, labeling initiatives, restaurant standards Procurement policies and practices Farm to institution, including schools, worksites, hospitals and other community institutions 	<ul style="list-style-type: none"> Safe, attractive accessible places for activity (e.g. access to outdoor recreation facilities, enhance bicycling and walking infrastructure, place schools within residential areas, increase access to and coverage area of public transportation, mixed use development, reduce community designs that leads to injuries). City planning, zoning and transportation (e.g., planning to include the provision of sidewalks, mixed use, parks with adequate crime prevention measures, and Health Impact Assessments) Require daily quality PE in schools Require daily physical activity in afterschool/childcare settings Restrict screen time (afterschool, daycare)
Point of Purchase/ Promotion	<ul style="list-style-type: none"> Signage for healthy vs. less healthy items Product placement & attractiveness Menu labeling 	<ul style="list-style-type: none"> Signage for neighborhood destinations in walkable/mixed-use areas Signage for public transportation, bike lanes/boulevards.
Price	<ul style="list-style-type: none"> Changing relative prices of healthy vs. unhealthy items (e.g. through bulk purchase/procurement/competitive pricing).\ 	<ul style="list-style-type: none"> Reduced price for park/facility use Incentives for active transit Subsidized memberships to recreational facilities
Social Support & Services	<ul style="list-style-type: none"> Support breastfeeding through policy change and maternity care practices 	<ul style="list-style-type: none"> Safe routes to school Workplace, faith, park, neighborhood activity groups (e.g., walking hiking, biking)

CONTRACTS & GRANTS FAQ

Department of Public Health
Office of Administrative Deputy
Contracts & Grants Division

January 13, 2010

The information below is a collection of frequently asked questions posed during the Department of Public Health (DPH) Contracts & Grants Orientation held on January 12, 2010.

GENERAL QUESTIONS

Q1. What's the DPH Timeline for submission of board letters?

A1. DPH operates on an 80-day cycle. The Board requires all board letter review/approvals be on the Board Agenda at least two (2) weeks prior to expiration of contract. So, if your contract expires on June 30, 2010, you need to make sure you submit your draft board letter to Contracts and Grants by March 1, 2010.

Q2. Is it an 80-day cycle for RFPs?

A2. No. It's usually 90-days for RFPs.

Q3. Is there a prohibition on Sole Source?

A3. No, there is no legal requirement for a program to have to do competitive bidding, but is preferred by the Board of Supervisors. If you plan to pursue sole source, the response of "quick action required" is the weakest reason to submit. The best reason would be to use "only one bona fide source for the service exists."

Q4. Can I expand the scope of the contract if I have delegated authority?

A4. No. Delegated authority allows you to increase or decrease the funding of a contract; it does not allow for expansion of the scope of work. You can expand work within the scope already delineated within the contract, but may not expand it.

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Q5. What are some consequences of delayed or retroactive contracts?

A5. Examples include lapse in vital public health services, cash flow issues, cost of borrowing money, and legal problems.

Q6. What should I do if Contracts & Grants is unresponsive to my requests?

A6. In the event that the Contracts & Grants analyst is unresponsive, it is the program's responsibility to elevate the issue to the appropriate Contracts and Grants manager. ~~up. To make it easier to identify the correct analysts, managers, and the division chief,~~ Contracts & Grants has posted their updated staff telephone roster ~~to make it easier to find analysts, managers, and the division chief.~~ You. ~~The unresponsiveness should also be brought to the attention of~~ elevate up the issues to your the program superiors leadership.

Q7. What should I include in the bi-weekly status report to Contracts & Grants?

A7. On the January 11, 2010 memo from Gary Izumi to Executive Staff, a list of contracts (i.e., agreements) scheduled to expire between now and June 30, 2010 has been identified. In the attached chart is a column where you will need to provide a status reports describing the progress until the board packet is completed. If you do not plan to renew, please state so in the status report.

Q8. When is the first status report due to Contracts & Grants? Who do I send it to?

A8. The first report is due to Contracts & Grants on Tuesday, January 19, 2010. Please e-mail them to Gary Izumi, Division Chief, at gizumi@ph.lacounty.gov.



SACHI A. HAMAI
EXECUTIVE OFFICER

COUNTY OF LOS ANGELES BOARD OF SUPERVISORS

KENNETH HAHN HALL OF ADMINISTRATION
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MEMBERS OF THE BOARD

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DON KNABE

MICHAEL D. ANTONOVICH

November 23, 2009

Dr. Thomas R. Frieden, Director
U.S. Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333

Dear Dr. Frieden:

We are writing to urge your approval of Los Angeles County grant applications for the American Recovery and Reinvestment Act (ARRA) - Communities Putting Prevention to Work Initiatives to address obesity prevention, nutrition, physical activity and to strengthen initiatives to reduce and prevent tobacco use.

These grants will provide an unprecedented opportunity for Los Angeles County to strengthen our core public health mission. Availability of these grant funds would allow the County to position itself as a national leader in the field of nutrition, physical activity and obesity prevention. In addition, it would help the County strengthen its partnerships with local and State government agencies, leading academic institutions and key community partners to develop, support, and implement policies and strategies that impact the leading risk factors for chronic disease.

Los Angeles County has identified several strategic policy priorities to improve and promote nutrition. These priorities will have a major impact on local obesity trends by strengthening nutrition literacy, improving nutritional choices at schools and neighborhoods, preventing early onset of childhood obesity, promoting breast-feeding, improving opportunities for students to participate in physical education classes, and promoting physical activity.

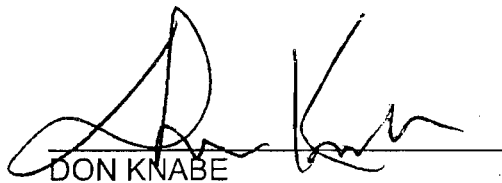
The County has also developed a comprehensive proposal to prevent smoking, discourage tobacco use, reduce the harm caused by second-hand smoke, and increase the availability of smoking cessation services. Implementation of this broad-based proposal is expected to yield significant reductions in health-related illnesses caused by tobacco use.

Dr. Thomas R. Frieden
November 23, 2009
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The Los Angeles County Board of Supervisors is committed to implementing initiatives and policies to promote the health and well-being of the County's over 10 million residents. Your approval of our grant applications for the Communities Putting Prevention to Work Initiatives will build upon and strengthen our commitment to quality public health services.

Your consideration of this request is greatly appreciated.


Sincerely,




DON KNABE
Chairman of the Board
Supervisor, Fourth District



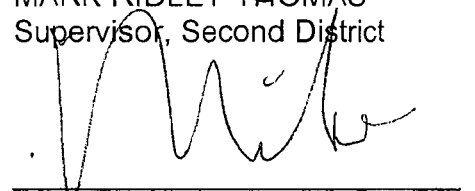
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Supervisor, First District



ZEV YAROSLAVSKY
Supervisor, Third District



MARK RIDLEY-THOMAS
Supervisor, Second District



MICHAEL D. ANTONOVICH
Supervisor, Fifth District



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
Chief Deputy Director

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November 25, 2009

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *JEF*
Director and Health Officer

SUBJECT: **COMMUNITIES PUTTING PREVENTION TO WORK**

This is in response to the September 29, 2009 Board motion directing the Department of Public Health (DPH) to review the Department of Health and Human Services funding opportunity announcement (FOA) for the Communities Putting Prevention to Work initiative; collaborate with community partners, in addition to those currently part of the Policies for Livable and Active Communities and Environments (PLACE) program, in developing a countywide proposal in response to the Centers for Disease Control and Prevention (CDC) funding initiative; and report to the Board by November 13, 2009 on a proposed funding application for submission to the CDC by December 1, 2009.

Background

As directed by the September 29, 2009 Board motion, DPH provided an interim report to the Board on October 16, 2009 outlining the parameters of DPH's funding proposal to the CDC. As noted in that report, DPH intends to submit two proposals, one for Category A (obesity prevention, physical activity, and nutrition) and one for Category B (tobacco control and prevention).

DPH has completed an intensive outreach effort to solicit input on potential strategies and interventions for each proposal, identify key partners, and develop the critical elements of each proposal. Throughout this process, DPH has been guided by the following overarching principles, all clearly stated as priorities in the FOA, in order to ensure that the two applications are competitive in what will be an extremely competitive selection process (i.e., over 400 applications are anticipated for only 30-40 awards). The following are guidelines as stated in the FOA:

- Proposals must include interventions that have countywide impact or, at the very least, impact large populations;
- Proposals must also include interventions that target high-risk populations;
- Interventions must focus on policy, systems, and environmental change strategies rather than direct services, with the one exception of tobacco cessation services;
- Proposals must include interventions in all five Media, Access, Point of purchase/promotion, Price, and Social (MAPPS) support services strategy areas specified in the FOA;

- Proposals must include interventions that are ready to be implemented and have a high probability of success within the two-year funding period--this FOA is not a funding opportunity to build new capacity but, rather, to improve existing capacity and capitalize on readiness;
- Proposals must include evidence of broad community partnerships;
- Proposals must specify key funded partners in the application, including large public policymaking entities (e.g., other County departments, the City of Los Angeles, and Los Angeles Unified School District) and outside organizations with specialized experience and expertise in the focus area of the proposal; and
- Applicants must demonstrate that they will be able to fully implement their proposals within 60-90 days of receiving funding.

Summaries of the two proposals are provided below. For each proposal, DPH is requesting up to \$20 million in funding over the two-year period. This total amount includes other project costs, indirect costs, staffing, and evaluation activities that are required by the proposed cooperative agreement with the CDC but not listed in the proposed investment estimates given below.

Category A: Obesity, Physical Activity, and Nutrition Proposal

This proposal includes an integrated community action plan to implement policy, systems, and environmental changes that will contribute to the long-range goals of improving nutrition, increasing physical activity, and decreasing obesity among children and adults across the entire jurisdiction of Los Angeles County. The proposal includes the following 10 complementary components:

1. Countywide social marketing and advocacy campaign to promote healthy food and beverage policies in cities

DPH will partner with the California Center for Public Health Advocacy (CCPHA) and a media firm (to be selected) to implement this campaign, which will include the use of social media (e.g., Twitter, Facebook, and MySpace.com) to raise awareness and build support within communities for local policies that increase access to healthy foods and beverages, and reduce access to less healthy foods and beverages. The campaign will also include outreach to local policymakers in cities throughout the county and will highlight the need for healthy food and beverage policies, such as vending machine policies, healthy food and beverage policies for programs serving youth, incentives for food retailers to offer healthy food items, and incentives for farmers markets and community gardens.

Proposed annual investment: \$530,000

2. School-based nutrition intervention

The Los Angeles Unified School District (LAUSD), the second largest local school district in the country with over 700,000 students, will establish more stringent nutrition policies for school meals, consistent with recommendations in an Institute of Medicine (IOM) report published in October 2009. These recommendations include new standards for fruit, vegetables, grains/breads, milk, calories, and sodium. The Healthy Food Coalition of Los Angeles and California Food Policy Advocates (CFPA) will promote the implementation of the IOM recommendations among the other 80 school districts in the county.

Proposed annual investment: \$710,000

3. Physical education and schools-based physical activity initiative

LAUSD and the Los Angeles County Office of Education (LACOE) will partner on this physical education (PE) and schools-based physical activity initiative in LAUSD and seven other school districts with the among the highest childhood obesity rates in the county. Participating school districts will be required to adopt new policies that commit them to providing: 1) quality physical education as defined by State law, and 2) increased opportunities for physical activity before, during, and after school. In return, selected teachers from the participating school districts will be eligible to participate in a PE-focused professional development and leadership program modeled after the SPARK program. Teachers who complete the program will serve as peer mentors. The SPARK program was piloted by LAUSD from 2004-2008 with positive outcomes (based on teacher self-reports and improved student performance on physical fitness testing) that are consistent with similar programs reported in published studies.

Proposed annual investment: \$ 1,000,000

4. Preschool nutrition and physical activity policies

Los Angeles Universal Preschool (LAUP) will adopt and implement nutrition and physical activity policies across its network of over 300 preschools. This initiative, which will include training to preschool staff and intensive outreach to parents and surrounding communities in multiple languages, will reach over 10,000 young children from disadvantaged communities across the county. It will serve as a model for other preschool and childcare providers in the county and will support advocacy efforts for State-level policy on nutrition and physical activity standards for child care providers. LAUP will collaborate with DPH, Healthy Eating Active Community (HEAC) coalitions, LAUSD, LACOE, the Women, Infants and Children (WIC) program, CFPA, and the Supplemental Nutrition Assistance Program (SNAP) on the project.

Proposed annual investment: \$350,000

5. Breastfeeding promotion

DPH will work with the County hospitals and the Board of Supervisors to implement a policy to ensure that at least two of the three County hospitals with obstetrical services achieve the Baby-Friendly status—a certification process that they have initiated but not completed--and that all three adopt the California Department of Public Health's Model Hospital Policy Recommendations for providing breastfeeding support. DPH will also partner with the Breastfeeding Task Force of Greater Los Angeles to establish a workplace breastfeeding policy for the County along with private lactation accommodation within County facilities. DPH and the Breastfeeding Task Force will also work to establish breastfeeding policies among cities and large private employers.

Proposed annual investment: \$215,000

6. City and County healthy food and beverage policies

The Pasadena and Long Beach health departments will work with their respective cities to limit unhealthy food options by implementing healthy food and beverage policies for all city programs serving youth. In Long Beach, the initiative will be supported by the Long Beach Diabetes Collaborative and the Long Beach Alliance for Food and Fitness. In Pasadena, the initiative will

also include a pricing and placement strategy--foods and beverages meeting the mandatory nutrition standards will where feasible be sold at prices equal to or lower than remaining choices, and food and beverages meeting the required standards will be placed within the top third of vending machines so they are more easily seen.

DPH will work with other county departments and the Board of Supervisors to establish a policy on nutrition standards for food and beverages purchased by the County, and for meals served in County cafeterias, in County-sponsored programs, and by contracted food vendors.

Proposed annual investment: \$385,000

7. Transit oriented districts

The City of Los Angeles will create 10 Transit Oriented District (TOD) plans at stations along the Metro Blue and Green lines in south Los Angeles, including strategies to increase walkability, pedestrian and bike access between stations and surrounding neighborhoods, and access to the transit stations and major neighborhood destinations. These TODs were selected based on the large size of the impacted population (over 550,000 nearby residents), the high child and adult obesity rates, and the readiness for action--all 10 TODs are located in two areas undergoing Community Plan updates, thereby ensuring that the recommendations become formal policies with enforceable implementation measures. The plans will also be used as a prototype for a citywide TOD policy.

An additional seven transit stops along the Metro Blue and Green lines are located in unincorporated areas of the county. The County's Department of Regional Planning will encourage walking, bicycling, and increased transit use in these areas by establishing a TOD Program for these stations and will incorporate related TOD plans into the County's General Plan Update. Inclusion of these transit stations will lay the groundwork for a continuous corridor of TODs extending through a high-need (reflected by elevated rates of obesity) and heavily populated region of the county.

To expand the reach of these efforts beyond TODs, DPH will work with Regional Planning to promote healthy design elements in development projects across the county. This will be accomplished by identifying appropriate policies for inclusion in the County's General Plan Update that further promote walkability, bikeability and other healthy design concepts countywide, including the creation of a "healthy development checklist."

Proposed annual investment: \$1,350,000

8. Countywide bicycle promotion

The County's Department of Public Works is currently developing a new Bikeway Master Plan that will include a countywide network of both off- and on-road bikeways. However, the current planning effort will soon become stalled because of a lack of funding for the needed environmental impact assessment. The funding provided through this grant will accelerate the completion and adoption of the County's Bikeway Master Plan by supporting the environmental review and will ensure that the Plan is well coordinated with parallel efforts to promote pedestrian activity. The adoption of the plan will allow the County to apply for State and federal transportation funds for the implementation of the Master Plan.

The grant will also support the County Cycling Collaborative (CCC), a joint project of six bicycle organizations in the county administered by the Los Angeles County Bike Coalition (LACBC) to promote both increased bicycling and increased demand for the County's Bikeway Master Plan. The CCC will use innovative strategies to promote bicycling, such as reclaiming used bicycles and

distributing them free-of-charge to high-need communities. The CCC will also partner with other community-based organizations (CBOs) (including Pacoima Beautiful, Neighbors Acting Together Helping All, East LA Community Corporation, and others) to increase social support for bicycling by holding workshops and ride events in targeted high-obesity risk communities.

The City of Long Beach will also be supported to establish four Bike Friendly Business Districts, including two in low income communities (Cambodia Town and 4th Street). These bike-oriented business districts will be promoted as models for implementation in other cities in the county and across the State.

Proposed annual investment: \$460,000

9. Expanding reach: community, city, and school district request for proposals

To expand the reach of the initiative, DPH will release this month a request for proposals (RFP) for CBOs, cities, and school districts--the RFP will be posted at www.publichealth.lacounty.gov/chronic. Each proposal must address at least two MAPPS strategy areas and must include a partnership between a CBO or community coalition and one or more cities or school districts. Prioritization will be given to communities with demonstrated need (e.g., child obesity rate above the county average) and readiness to implement policy and related actions. Wide geographic distribution will be a high priority in selecting grantees to be funded. The RFP will be modeled after a similar successful grant program administered by the PLACE Program in DPH's Division of Chronic Disease and Injury Prevention. Five PLACE awards were made in 2008 and the work of the grantees has been showcased on the DPH website (www.publichealth.gov/place) and at the CDC's National Environmental Public Health Conference in October 2009.

Proposed annual investment: \$1,000,000

10. Multi-disciplinary technical assistance pool

To support those funded through the RFP and the work of other non-funded CBOs, cities, and school districts interested in implementing policy and environmental change interventions that target nutrition or physical activity, a multi-disciplinary technical assistance (TA) pool will be established. The pool will include experts on physical activity promotion through land use and transportation strategies, including safe routes to school programs (Ryan Snyder Associates, LLC, the TA provider for the PLACE grants), nutrition policy (CFPA, Healthy Food Coalition Advocates, and California Center for Public Health Advocacy); legal issues, including joint use agreements between cities and schools (Public Health Law and Policy); community organizing and policy development (Prevention Institute); and crime prevention through environmental design (Advancement Project). The TA pool will provide workshops and trainings on topics identified as priorities by community, city, and school district partners. In addition, TA providers will also be available to provide direct, hands-on support to partners needing assistance with specific policy and environmental change activities.

Proposed annual investment: \$500,000

Category B: Tobacco Prevention and Control Proposal

This proposal includes an integrated community action plan to implement policies, systems, and environmental changes that will contribute to the long-range goals of reducing tobacco-related risk factors in adults and youths, including smoking prevalence and indoor/outdoor exposure to secondhand smoke

(SHS) across the entire jurisdiction of Los Angeles County. The proposal includes the following six complementary components:

1. Countywide media and advocacy campaign to reduce tobacco use and prevent youth initiation

DPH will work with the CDC, State Tobacco Control Program, American Legacy Foundation, and the Rogers Group to implement an emotional, hard-hitting counter-marketing campaign using both traditional and social media to reduce tobacco use and prevent youth initiation. The campaign will target populations most impacted by tobacco use, including youth ages 12-17, African Americans, Latinos, Koreans, and the lesbian, gay, bisexual, and transgender populations. DPH will also coordinate with the cities of Long Beach and Pasadena to create synergy among local campaigns, expand campaign reach, frequency, and duration, and avoid duplication of efforts.

Proposed annual investment of \$2,140,000 (\$750,000 are from Master Settlement Agreement funds)

2. Reduce indoor/outdoor secondhand smoke exposure interventions

To expand the reach of existing efforts to reduce exposure to SHS, DPH will create six three-member community mobilization teams (CMT) to work with community coalitions, CBOs, and local officials to support the adoption of SHS policies in a minimum of 20 cities. The CMT will consist of a public health policy liaison, community organizer, and research analyst. Three CMTs will spearhead policy-based community mobilization campaigns to support comprehensive outdoor air policy campaigns (i.e., smoke-free hospital campuses, outdoor dining, and other public areas) and three CMTs will focus on reducing SHS exposure in multi-unit housing.

To support the CMT's efforts, several statewide tobacco control organizations, including the Center for Tobacco Organizing and Policy, Technical Assistance Legal Center, and Klepeis, Inc. will provide comprehensive training, research data to support policies, and ongoing expert technical assistance.

Proposed annual investment of \$2,060,000

3. Intervention to reduce youth consumption of tobacco products

DPH will create three CMTs to work with community coalitions, CBOs, and local officials to support efforts to reduce the impact of the tobacco retail environment on youth smoking in a minimum of 10 cities, including Long Beach and Pasadena. Several statewide tobacco control organizations, including the Center for Tobacco Organizing and Policy and the Technical Assistance Legal Center will provide comprehensive training on community mobilization strategies and ongoing expert technical assistance to each CMT.

Proposed annual investment of \$1,030,000

4. Evidence-based pricing strategies to discourage tobacco use

Because local jurisdictions do not have authority to increase cigarette taxes, it is necessary for DPH to develop alternative pricing strategies. DPH will create three CMTs to work with community coalitions, CBOs, and local officials in a minimum of 10 cities to support the adoption of an ordinance adding a fee to the sale of each pack of cigarettes. The generated revenue will be used to recover the cost of abating cigarette litter from city streets, sidewalks, and other public property.

To support the intervention strategies, Oxford Outcomes will develop a web-based modifiable interface to be used by DPH and local jurisdictions to estimate the cost of tobacco product litter and the appropriate abatement fee. The tool will build on their successful analytical strategies employed in a study commissioned by City and County of San Francisco and the State of California Tobacco Control Program.

Proposed annual investment of \$1,210,000

5. Youth smoking prevention and cessation initiative

LAUSD, LACOE, and Los Angeles City Tobacco Enforcement Program will work together to substantially strengthen current school and after-school evidence-based programs targeting high-risk youth populations attending traditional, continuation, and alternative schools. Specific program goals will include: reducing the number of daily smokers; changing attitudes and social norms concerning tobacco use; providing interventions designed to create student leadership skills; developing new policies or strengthening existing tobacco-use policies that prohibit the use and possession of tobacco products by students, staff, and visitors; and strengthening tobacco-use enforcement procedures.

Proposed annual investment of \$1,200,000

6. Reduce smoking prevalence among vulnerable adult populations

This grant will greatly expand current efforts to increase access to and utilization of smoking cessation services among underserved populations throughout the county. Approximately 200 community-organizations, including behavioral health organizations, homeless shelters, and other social service agencies will receive mini-grants to facilitate the adoption of a system-level tobacco cessation program that includes a tobacco-free environment policy and cessation services, including nicotine replacement therapy.

This project builds on innovative and highly successful work by both the California Smoking Cessation Leadership Center and the Los Angeles Coalition to End Hunger and Homelessness to reduce tobacco use among populations that have not traditionally been served by tobacco cessation efforts.

Proposed annual investment of \$1,920,000

Next Steps

The proposals will be submitted electronically on November 29, 2009, several days prior to the December 1 deadline, as recommended by CDC. DPH will provide copies of the completed applications to the Board at the time of submission.

DPH is in the process of collecting letters of support from a large number of community organizations and stakeholders that will be included in the applications. As directed by the FOA, DPH is also in the process of putting together an 8-10 member leadership team for each proposal, comprised of elected officials, other leading policymakers, a university representative, and a community representative. The applications would be greatly strengthened by a five-signature letter of support from the Board and the commitment of one of the Supervisors to participate on the leadership team.

In order to meet the strict requirements of the timeline set forth in the FOA, DPH must be prepared, if funded, to support a rapid implementation. To achieve this end, DPH will request an activation of standing agenda "A" item for expedited review of ARRA funds. In addition, DPH will request that,

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contingent upon funding, the Director of DPH or his designee be granted delegated authority to accept the funding award scheduled to be announced on February 27, 2010, and be given the authority to implement the following administrative actions:

- Execute personnel services agreement with either Public Health Foundation Enterprises (PHFE) or Maxim. Both organizations have indicated an interest in providing these services and DPH is soliciting proposals from each agency and anticipates making a selection in the next two weeks. This agreement is needed to hire staff for the time-limited (two years) period of the grant.
- Develop sole source agreements with the funded partners specified in the proposals. DPH will provide the required justifications for the sole source agreements in a subsequent Board memo.
- For the obesity, physical activity, nutrition proposal, initiate contracts with the CBOs, cities, and/or school districts selected for funding through the RFP process. DPH will provide a memo to the Board identifying the awardees prior to the contract initiation. Each awardee will receive up to \$125,000 per year for two years, contingent upon DPH receiving the federal funding. The intention to release an RFP was announced at the October 20, 2009 stakeholders meeting, has been posted on the DPH website, and is being publicized widely. The estimated timeline for the RFP is as follows:

	Action	Date
1	RFP available on DPH website	November 19, 2009, 4 p.m.
2	RFP available for in-person pick-up	November 20, 2009, 10 a.m.
3	Bidders' Conference	November 23, 2009, 1:30 p.m.
4	Deadline for receipt of written inquiries	December 15, 2009, 5 p.m.
5	Deadline for receipt of full proposal	December 21, 2009, 5 p.m.
6	Mandatory oral interviews with top-scoring Applicants (required partners must attend)	January 18, 2010 – February 3, 2010
7	Applicants notified of funding decision	February 27, 2010
8	Anticipated effective date of new contracts	April 27, 2010

- For the tobacco prevention and control proposal, issue mini-grants for the smoking cessation programs. Mini-grants in the amount of \$5,000 will be provided via purchase orders to existing County contractors in good standing and meeting eligibility criteria to promote smoking cessation services in their facilities.

If you have any questions or need additional information, please let me know.

JEF:ps
PH:910:001

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

Obesity Prevention Sole Source Agreements – Project RENEW LAC

1. Department of Public Health (DPH) recommends execution of a sole source agreement with the City of Los Angeles (LA) in order to implement policy and environmental change in their jurisdiction. The City of LA will create 10 Transit Oriented District (TOD) plans at stops along the Blue and Green Light Rail Lines in South LA. These TOD plans will include strategies to increase walkability of streets and improve pedestrian and bicycle access between stations and the surrounding neighborhoods, parks, grocery stores, libraries, and other community venues. The plans will also be used as a prototype for a citywide TOD policy and will be incorporated into the South and Southeast LA Community Plan updates, which are part of the LA's ongoing effort to update its General Plan. Participation by the City of LA in RENEW LAC is essential for complying with the intent and spirit of the Cooperative Agreement (Agreement) proposed by the Center for Disease Control and Prevention (CDC): that is, the project must address the needs of large cities and regions with high population density. With approximately four million residents, the City of LA fulfills this role and is a key partner, with the necessary qualifications and infrastructure to satisfy CDC's ARRA grant requirement.
2. The Physical Education (PE) initiative will involve school participation from at least seven school districts within the County of Los Angeles (County), and participation from schools in the Los Angeles Unified School District (LAUSD). The Los Angeles County Office of Education (LACOE) is the largest public education agency and educational institution of its kind, providing programmatic and services support to 80 school districts in the County. Because of its broad reach and well established infrastructure, a sole source agreement with LACOE is required to carry out this proposed initiative in the CDC Agreement. Participating school districts will be required to adopt new policies that commit them to providing: 1) quality physical education as defined by State law; and 2) increased opportunities for physical activity before, during, and after school. Selected teachers from the participating school districts will participate in a PE focused professional development and leadership program modeled after the **S**ports, **P**lay, and **A**ctive **R**ecreation for **K**ids (SPARK) program. Teachers who complete the program will serve as peer mentors and will utilize a train-the-trainer model to sustain and expand the reach of the SPARK program.
3. DPH recommends execution of a sole source agreement with the LAUSD to establish and implement new nutrition policies that integrate the 2009 Institute of Medicine (IOM) nutrition recommendations for school meals. Key components of this initiative include developing culturally and linguistically tailored promotional materials for students and parents, installing point of sale signage to increase healthy food selection among students, mobilizing parents in support of these

policies, and working with local farm-to-school programs to negotiate lower prices for fresh produce. LAUSD is the second largest school district in the nation and, therefore, is a required partner in this activity to ensure a large population impact as required by the CDC. As part of the proposed sole source agreement, LAUSD will be required to work with two community based organizations (CBOs) to promote the IOM nutrition recommendations with other school districts in the county.

4. The CDC Agreement recommends that the County conduct the Youth Risk Behavior Surveillance Survey (YRBSS) twice during the two-year grant period. A sole source agreement with the Health Education Programs (HEP) at LAUSD is required to comply with the requirements of the Agreement. The evaluation team at HEP LAUSD is the primary entity with the experience, resources, and expertise needed to conduct the YRBSS in the county; they have been implementing the YRBSS in LAUSD schools since 1997. If the grant is funded, LAUSD will conduct the YRBSS with a designated set of LAUSD schools as stipulated by the CDC.
5. DPH recommends execution of a sole source agreement with Los Angeles Universal Preschool (LAUP) since it is the largest and most experienced preschool agency in Los Angeles County. LAUP has a network of over 300 preschools that reaches over 10,000 young children from disadvantaged communities. The agency will assist its member preschools to adopt and implement new policies that increase access to healthy foods, restrict access to unhealthy foods, and expand opportunities for physical activity. The initiative will include training for preschool staff and an intensive outreach campaign to parents.
6. DPH recommends execution of a sole source agreement with the City of Long Beach because it has a large population and operates its own local health department. The Long Beach health department will work with its city government to limit unhealthy food options by implementing healthy food and beverage policies for all city programs serving youth. This initiative will be supported by the Long Beach Diabetes Collaborative and the Long Beach Alliance for Food and Fitness. A key component of the initiative is seeking participation and input from community stakeholders, including youth groups, to create champions for policy change. The City of Long Beach will also establish four bike-friendly business districts, including two in low income communities. The City will develop a toolbox of streetscape features and criteria that qualify as bike-friendly, and incorporate bike-friendly policies and objectives into the updates of the General Plan and the Bike Master Plan to formalize these new policies.
7. DPH recommends execution of a sole source agreement with the City of Pasadena because it has a large population and operates its own local health department. The Pasadena health department will partner with its city

government to restrict unhealthy food options by implementing healthy food and beverage policies for all city programs serving youth. The new policies will include a 100 percent healthy food and beverage vending machine policy. A key component of the initiative is seeking participation and input from community stakeholders.

8. DPH recommends execution of a sole source agreement with the California Center for Public Health Advocacy (CCPHA) because it is the preeminent organization in California on nutrition policy implementation and has strong experience using social media and marketing to raise public awareness and promote healthful eating and improved food environments. In addition, it has a current partnership with the California League of Cities to promote healthful eating and active living in cities across the state, making it uniquely qualified to support RENEW LAC in its efforts to promote improved nutrition in cities and communities across the county. CCPHA will partner with the County's Department of Public Health (DPH) and a media firm to implement a social media campaign (e.g., Twitter, Facebook, and MySpace.com) to raise awareness and build support within communities for local policies that increase access to healthy foods and beverages, and reduce access to less healthy foods and beverages. The campaign will also include outreach to local policymakers in cities throughout the county and will highlight the need for healthy food and beverage policies. CCPHA will provide technical assistance to help local advocates, policy makers, and other local leaders establish policies to improve the food and physical activity environments.

Tobacco Prevention Sole Source Agreements – Project TRUST

1. DPH recommends execution of a sole source agreement with Oxford Outcomes, Inc. because it is the developer of the research model that will be used to design the tobacco litter abatement policies in Los Angeles County. Their model was used successfully for a similar purpose in a study commissioned by the City of San Francisco and the State of California Tobacco Control Program. They will develop a web-based modifiable interface to be used by DPH and local jurisdictions to estimate the cost of tobacco product litter and the appropriate abatement fee. This study will inform the legislated policy strategies for the litter abatement campaigns in targeted local cities.
2. DPH recommends execution of a sole source agreement with the City of Los Angeles (LA) given that the only way to legislate a city policy is by working directly with the City. The City of LA will collaborate with DPH and work directly with other local cities, school districts, and community agencies in order to achieve the objectives mandated by the CDC Cooperative Agreement. In addition, the City of LA will expand the Tobacco Enforcement Program (TEP) to ensure compliance and enforcement of current laws prohibiting the sale and distribution of tobacco products to minors.

3. The CDC Agreement recommends that the County collaborate with key partners to implement new or strengthen existing tobacco free policies in schools. A sole source agreement is required with LAUSD to strengthen existing and develop new tobacco use policies that prohibit the use and possession of tobacco products by students, staff, and school visitors. As the second largest school district in the nation (> 700,000 students), LAUSD will also develop tobacco use assessment policies to be implemented during new student registration. LAUSD will also implement the Beyond the Bell Program to increase capacity to develop student leadership teams in 25 additional high schools throughout LAUSD. Beyond the Bell Program is a leadership program that will recruit students who are committed to making a sustained, positive impact in their schools and local community. This coordinated effort will expand existing tobacco prevention and cessation efforts to an additional 25 traditional schools in the LAUSD for a total reach of approximately 150,000 students and their families/guardians.
4. DPH recommends execution of a sole source agreement with LACOE to partner with TCPP in developing and strengthening policies that prohibit the possession and use of tobacco products by students, staff, and school visitors, and strengthen tobacco-use enforcement procedures. The LACOE is the largest public education agency and educational institution of its kind, providing programmatic and services support to 80 school districts in County. Because of its broad reach and well established infrastructure, a sole source agreement with LACOE is required to carry out this proposed initiative in the CDC Cooperative Agreement. LACOE will implement Project EX in 47 continuation schools. Project EX is a school-based smoking-cessation clinic program for youth that stresses motivation, coping skills, and personal responsibility. Staff will provide students, parents/guardians, and school personnel with counseling and referrals to the California Smokers' Helpline and other cessation resources. LACOE will work with the Beyond the Bell Program to increase capacity to develop leadership teams in 14 additional high schools throughout the county that are committed to making a sustained impact in their schools and local communities by working with local coalitions and cities to support tobacco control campaigns. This coordinated effort will be implemented in 47 continuation schools in 34 identified school districts represented by LACOE to reach approximately 20,000 high risk hard-to-reach students and their families/guardians.
5. The CDC Agreement recommends that the County collaborate with key partners to implement new or strengthen existing tobacco free policies in local cities. To reach the target population of the City of Long Beach, TCPP must partner with the City through a sole source agreement. The Long Beach Department of Health and Human Services will work to meet the following objectives: a minimum of 10 social services agencies in the City of Long Beach (i.e. 4 hospitals and 6 multi-cultural community-based organizations, churches, youth serving programs) will adopt a systems level tobacco cessation program that includes a tobacco-free environment policy and cessation services, including nicotine replacement therapy. Twenty businesses in the City of Long Beach will

adopt a 100% smoke-free outdoor worksite policy (i.e. restaurants, hospitals, construction sites and local businesses) and 10 cable television programs will air tobacco counter advertising targeted to the lesbian, bisexual, gay, transgender (LBGT), African American, youth, and Latino populations.

6. The CDC Agreement recommends that the County collaborate with key partners to implement new or strengthen existing tobacco free policies in local cities. To reach the target population of the City of Pasadena, TCPP must partner with the city through a sole source agreement. The Pasadena Public Health Department will collaborate with the DPH as well as with the other cities, school districts, and community agencies in order to achieve the policy objectives detailed in the CDC Agreement. The Pasadena Public Health Department, Tobacco Control Program, intends to expand tobacco control activities in Pasadena. The Program will reduce the amount of tobacco advertising by restricting the manner and placement of tobacco products to reduce tobacco use among youth and counter pro-tobacco influences with a media campaign to deglamorize tobacco use among youth and families.
7. DPH recommends execution of a sole source agreement with the University of California at Los Angeles (UCLA), Division of Cancer Prevention and Control Research (DCPCR), and the Los Angeles Coalition to End Hunger and Homelessness. The extensive experience and expertise comprising this partnership is unique and is required to reach the homeless population and achieve the goals of the project. The DCPCR will work with 75 local transitional shelters for the homeless to strengthen existing institutional rules that discourage tobacco use as well as provide training and cessation interventions. The interventions are designed to provide practical impetus to reducing tobacco use among the residents and staff of these transitional shelters. UCLA will provide free 2-month supply of nicotine replacement therapy and one-on-one and group counseling to residents and staff wanting to quit smoking. DCPCR will also provide \$5000 mini-grants to 40 shelters to adopt new or strengthen existing tobacco control policies. The funds will be used to provide training, educational material, and signage. The ultimate objective is to use this opportunity to increase the perceived importance of reducing tobacco use among people who are homeless.
8. DPH recommends execution of a sole source agreement with the Smoking Cessation Leadership Center (SCLC) because of its unique combination of tobacco cessation expertise and policy capability. SCLC will implement their program, Pioneers in Tobacco Cessation, for 125 mini-grant recipients to integrate tobacco policy and cessation services into social service and wellness programs across the County. SCLC staff will provide customized, intensive in-person and virtual training, and technical assistance and materials, tailored to the specific needs of partnering social service agencies. Through conference calls and webinars, agencies will learn how to implement evidence-based tobacco-free policies and put routine smoking cessation interventions into practice. Webinars

and on-site trainings will address such topics as how to implement a smoke-free outdoor policy and how to integrate tobacco treatment interventions into existing programs.

9. DPH recommends execution of a sole source with the Technical Assistance Legal Center (TALC) given its unique legal and policy expertise in guiding community agencies on issues related to tobacco control, prevention, and cessation. TALC lawyers will provide legal advice in their respective areas of expertise, such as school or city initiatives, to guide and draft policies proposed by TCPP, Project TRUST, and the collaborating agencies/contractors. TALC will draft and review legislation, policies, and any legal agreements as necessary.
10. DPH recommends execution of a sole source agreement with the American Lung Association in California (ALAC) to provide capacity-building, tobacco policy, and advocacy technical assistance to the Project TRUST staff and partnering organizations. ALAC will assist local communities by providing community organizing strategies to help community coalitions secure support and adopt local city policies. ALAC will also track tobacco industry campaign contributions and will provide policy information and analysis for significant tobacco control bills such as comprehensive outdoor air and smoke-free multi-unit housing.
11. DPH recommends execution of a sole source agreement with the American Legacy Foundation (ALF) to access their Become An Ex®, and Truth® Youth media campaigns, which are registered trademarks. In addition, Project TRUST will be able to use and adapt other ALF's campaign tools, including traditional and non-traditional media as well as youth grassroots campaign components for specific tailoring and targeting in the contracted cities, school districts, and community agencies.
12. DPH recommends execution of a sole source agreement with Neil Klepeis, Ph.D. who is a leading expert in the area of outdoor tobacco smoke research and modeling. His services are needed to: (1) characterize airborne outdoor particle levels due to outdoor smoking activity in 10 cities in the county, (2) provide scientific data on outdoor tobacco smoke (OTS) levels that can be used to support outdoor smoking restrictions; (3) establish broad determinants of particle levels, including proximity to smokers, wind speed and direction, and potential non-tobacco sources of air pollution such as traffic or outdoor cooking.
13. DPH recommends execution of a sole source agreement with The Rogers Group to serve as the communication and message development contractor, including the development of a multi-faceted, hard-hitting social marketing campaign to support all of the objectives of the CDC Cooperative Agreement. The Rogers Group is uniquely qualified to carry out this task because it has extensive experience in tobacco prevention and cessation, messaging and concept development, and has a long history in serving as a media contractor for the both CDC and California State tobacco control programs. Because of their current

and past work with the CDC and California, they already have access to existing statewide and national media campaigns including television and radio PSAs, billboard and bus ads, and various social marketing tools to adapt for local use, which is a requirement of this cooperative agreement. Using The Rogers Group would ensure that the social marketing campaign will be implemented in the short required time at a cost savings to the Department. In addition, The Rogers Group has extensive experience in crafting messages that are culturally appropriate and is reflective of a multicultural population that meets the needs of County. For all of these reasons, The Rogers Group is being requested as the sole source vendor, given their expertise in the subject area and unmatched ability to accurately start this media messaging development immediately after the contract is awarded.

14. DPH recommends execution of a sole source agreement with the California Smokers' Helpline (1-800-NO-BUTTS), which is a statewide quit smoking service operated by the University of California San Diego's Moore's Cancer Center. The Helpline is essential for reaching to our LA County smoking population and in particular smokers from traditionally underserved communities, given the Helpline's easy, toll free access to California residents and counselors who are available in six different languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese). The Helpline will provide free nicotine replacement therapy to Los Angeles County residents through vouchers that will be distributed in social services agencies and community based organizations working with Project TRUST. In addition, they will provide one-on-one, telephone counseling, self-help materials, and referrals to other smoking cessation services. The Helpline is the only free telephone counseling service in the state and provides smoking cessation services and resources to all residents in California. The Helpline staff will provide needed support for reaching low income and other disadvantaged communities to provide free NRT. In addition, the Helpline staff will assist social support agencies in implementing tobacco free policies and will provide cessation resources.
15. DPH recommends a sole source agreement with CBS Outdoor to provide media placement services throughout County. CBS Outdoor is uniquely qualified for the proposed media campaign because it is a sole source vendor for MTA subway/rail in-station and in-train advertising in County, and transit shelter advertising in the City of Los Angeles. It is therefore imperative that we contract with this agency to reach our target populations. CBS Outdoor has the ability to place advertisements in bus shelters, on the body of city buses, inside the buses, and inside the metro train cars. TCPP expects to target low income populations throughout the County, including Latino and African American populations overrepresented in the east and south- central regions of the County and City of LA, including groups more likely to utilize public transportation. Further, CBS Outdoor has extensive experience working with DPH and has the capacity to perform this work immediately.

PROGRAM IMPACT

What is being addressed?

Obesity Epidemic

Obesity rates are rising in the county among adults (from 14.3% in 1997 to 22.2% in 2007), school-aged children (from 18.9% in 1999 to 23.1% in 2008 among 5th, 7th, and 9th grade public school students), and younger children (from 16.7% in 2003 to 21.8 in 2008 among children 3-4 years of age receiving Women, Infants, and Children (WIC) services). The RENEW LAC initiative will contribute to the adoption, implementation, and strengthening of policies, systems, and environmental changes to improve nutrition and increase physical activity in multiple sectors of our county including schools, workplace, government agencies, businesses, transportation, health care, and other community settings. These changes will benefit large segments of the county population and, in particular, will reach deeply into communities most severely impacted by the obesity epidemic.

Tobacco Use Related Disease Burden

Tobacco use remains the leading cause of preventable death and illness in Los Angeles County. After a decade of steady decline in the smoking rate among adults in the county, it appears that this decline has stalled, with over one million adults in the county continuing to smoke. Even more troubling are the marked disparities in smoking rates that persist, with the highest rates seen in African American males (32.1%), selected Asian groups (e.g., 44.8% among Korean males), lesbian, gay, and bisexual (LGB) populations (32%), and those with mental health conditions (28.9%). Data also show a troublesome trend in youth tobacco use, as heavy smoking increased from 1.8% in 2001 to 6.1% in 2009. The Communities Putting Prevention to Work (CPPW) initiative represents an extraordinary opportunity to accelerate momentum and capitalize on the strong community capacity that TCPP has cultivated to generate cutting-edge tobacco control policies. The resulting changes to the social milieu and legal climate has made tobacco use less desirable, less acceptable and less accessible in the County. Project TRUST proposes a community action plan (CAP) that will impact most of the County's 10.4 million residents living in its 88 incorporated cities and large unincorporated areas. This initiative takes tobacco control to the next frontier, and establishes a best-practices model for future local, state and national tobacco control policy efforts.

Job Creation

Consistent with the intent and spirit of the ARRA, the potentially forthcoming CDC Agreement, if funded, will create up to 68 new positions within the County.

What is the effective date/program implementation?

If program delays, identify the impact.

If funded, both RENEW LAC and Project TRUST will create 68 new jobs - seven County positions and 58 contract positions (27 for the obesity focus area and 31 for the tobacco focus area). The CDC requires that the local health department and its partners have all

of the staff hired within 60-90 days of the February 26, 2010 notification of award. Delays in any of the objectives or deliverables outlined in the proposals will compromise continued funding. The CDC has been clear regarding this requirement and has been authorized to take certain enforcement actions, including early termination of funding, against poor performing grants.

When grant monies end, will NCC be involved – ensure department is not creating future need for the County.

The budgets for both proposals include funding for vacant, budgeted and ordinance items within DPH. They are: Contract Program Auditor (2), Accountant II (1), Healthcare Financial Analyst (1), Administrative Assistant II (1), one Staff Analyst (1), and Senior Typist Clerk (1). During the contract period from February 26, 2010 through February 25, 2012, no net County costs (NCC) will be involved. However, once the contract ends, individuals on these County items will be transferred to other grant or NCC funded items contingent on approval from DPH Finance and the Chief Executive Office.

Are other departments impacted?

DPH will develop departmental service orders with the Department of Regional Planning to work on Transit Oriented Districts and Healthy Design Guidelines for developers, and with the Department of Public Works to develop a bicycle master plan for the County of Los Angeles.

Other Agreements

Obesity Prevention Request for Proposals – Project RENEW LAC

To expand the reach of Project RENEW LAC, the Department of Public Health (DPH) has issued a Request for Proposals (RFP) directed to community based organizations (CBOs), cities, and school districts. Each proposal must address at least two of the intervention strategy areas defined in the Centers for Disease Control and Prevention's (CDC's) funding announcement to improve nutrition, increase physical activity, and reduce obesity through policy, systems, or environmental change. The proposals must also include a partnership between a CBO or community coalition and one or more cities or school districts. Proposals were due on December 21, 2010 and are currently under review. Up to 10 proposals will be selected for awards of \$125,000 per year for two years. Prioritization will be given to proposals that address communities with demonstrable need (e.g., child obesity rate above the county average) and demonstrate a readiness to implement policy and related actions. Those selected to receive funding must be prepared to implement their scope of work within 60 to 90 days as stipulated in the CDC funding announcement.

Project TRUST – Mini-Grant

The CDC award will fund 140 social service agencies through \$5,000 mini-grants over a two year period. Applicants will be reviewed and selected to enter into formal agreements with DPH to: implement smoke-free environments; provide training and technical assistance to raise awareness of the benefits of smoking cessation and to increase understanding of effective smoking cessation strategies; implement or enhance existing tobacco cessation services using evidence-based practices; ensure that consumers, clients, and staff have access to smoking cessation services and support to promote health and wellness; establish partnerships between CBOs and tobacco cessation organizations to increase available tobacco cessation resources in communities. Those selected to receive mini-grants must implement their scope of work within the 60 to 90 day time frame required by the CDC.



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
Chief Deputy Director

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January 29, 2010

TO: Each Supervisor

FROM: Jonathan Fielding, M.D., M.P.H. *Jonathan Fielding*
Director and Health Officer

SUBJECT: **SOLE SOURCE AGREEMENTS RELATED TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AMERICAN RECOVERY AND REINVESTMENT ACT**

This is to inform you of the Department of Public Health's (DPH) intent to recommend the Board approve various sole source agreements with key partner organizations to implement the Centers for Disease Control and Prevention (CDC), American Recovery and Reinvestment Act (ARRA) grants which may be awarded to the County. While the competition for each of these two possible grants is very strong, each potential award could be as much as \$20 million. These projects are: Project Renew Environments for Nutrition, Exercise and Wellness in Los Angeles County (RENEW-LAC), which will implement policy, systems and environmental changes to improve nutrition, increase physical activity and reduce obesity and Project Tobacco Reduction Using effective Strategies and Teamwork (TRUST), which will implement policy, systems, and environment changes to reduce smoking and exposure to secondhand smoke.

The CDC has set stringent guidelines which dictate that the short time frame must be followed and that certain benchmarks must be met by each grantee. In the event that the money for one or both grants is awarded to DPH and the Department is unable to accept funding in a timely manner, key grant benchmarks will be missed. The CDC has been clear regarding this issue and has been authorized to take certain enforcement actions, including early termination of a grantee's funding if required benchmarks are not met. Key benchmarks that will be closely monitored by the CDC include having the majority of staff/contractors hired and submitting a quarterly progress report within 90 days of the scheduled February 26, 2010 award notification date. These requirements are central to the recommended actions outlined in this letter.

In order to meet the strict administrative and programmatic requirements of the timeline set forth by the CDC and ARRA, DPH must be prepared, if funded, to support a rapid implementation of the grant activities. Under the Recovery Act, preference is given to project activities that can be started and completed expeditiously, with a goal of using the funds for activities that can be **initiated** not later than **120 days** after date of award notification. In addition, grant recipients are expected to use grant funds in a manner that maximizes job creation and economic benefit

within the specified timeline targeting large employers and preferred entities or settings (e.g., schools, local government agencies, cities, communities, etc.), as recommended by the CDC. To meet these requirements, DPH has carefully selected and worked collaboratively with the listed partners to identify projects that can be initiated within the required time frame. This will provide an unprecedented opportunity to directly promote the adoption and implementation of policies by County departments, cities, school districts, and employers to increase physical activity, improve access to healthy food and beverage options, discourage smoking, and reduce exposure to secondhand smoke. In order to successfully implement these projects, DPH requests to enter into sole source agreements with the agencies that are identified on Exhibits I and I-A.

DPH intends to enter into sole source agreements with the aforementioned entities based on specific criteria stipulated in the CDC Cooperative Agreement. The selected entities include school districts, cities, a media company and agencies that provide services uniquely aligned with requirements detailed in the Cooperative Agreement. School districts were selected based on their broad reach, reflecting the County's 10.2 million population, and representing targeted areas with high concentration of at-risk groups for diseases caused by obesity and tobacco use. The selected cities were identified based on whether they had an existing public health department (Long Beach and Pasadena) and/or given their large representation of the County's total population (e.g., the City of Los Angeles). Media development and placement companies were selected based on their expertise in the area of obesity prevention and tobacco control, and contractual ability to place media advertisements in specific/exclusive venues throughout the County and geographic areas targeted by the proposed interventions outlined in the Cooperative Agreement (e.g., City of Los Angeles in bus shelters and metro/rail). Finally, the remaining agencies and organizations were selected based on their unique expertise or services that met the programmatic and administrative requirements of the Cooperative Agreement (e.g., capacity to conduct the Youth Risk Behavior Surveillance Survey (YRBSS)). Attachment 1 provides brief descriptions and justifications of each agency with which DPH proposes to contract for each project.

Project RENEW LAC will implement a coordinated community action plan that includes interventions in the five strategy areas required by the CDC (media, access, point of purchase/promotion, price, and social support & services). Specifically, the initiative will: 1) implement a countywide social marketing and advocacy campaign to promote healthy eating and discourage consumption of less healthy food and beverages; 2) adopt and implement nutrition and physical activity policies among pre-school providers; 3) promote, adopt, and implement the October 2009 Institute of Medicine school meal nutrition recommendations in schools within the county; 4) amplify capacity to effectively implement physical education policies in schools within the county; 5) develop, adopt, and implement healthy food and beverage policies in cities and County government agencies; 6) adopt and implement breastfeeding and lactation accommodation policies in public and private sector work settings; 7) establish pedestrian- and bicycle-friendly cities and communities through transit-oriented district designs and healthy development policies, especially in disadvantaged communities; and 8) expand reach and strengthen capacity for policy planning, development, and implementation through technical assistance and other support in high need areas.

Project TRUST will implement a coordinated community action plan comprised of seven interventions, including: 1) a multi-faceted media campaign; 2) comprehensive smoke-free outdoor air policies; 3) smoke-free multi-unit housing policies; 4) point-of-purchase marketing restrictions; 5) cigarette butt litter fee policies; 6) a policy and smoking cessation initiative

Honorable Board of Supervisors
January 29, 2010
Page 3

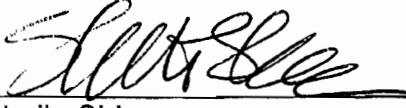
targeting schools; and 7) a policy and smoking cessation initiative targeting social service agencies. Community Mobilization Teams will be assembled to address these policy goals using the Policy Adoption Model (PAM). The PAM model was developed and has been used by the DPH Tobacco Control and Prevention Program with great success over the past five years. The model provides local tobacco control coalitions with an easy-to-implement, step-by-step guide to facilitate legislative policy adoption in local jurisdictions.

If you would like additional information or have any questions, please let me know.

Attachments
#01375

c: Chief Executive Office
Acting County Counsel
Executive Officer, Board of Supervisors

SOLE SOURCE CHECKLIST

Check (✓)	<p align="center">JUSTIFICATION FOR SOLE SOURCE PROCUREMENT OF SERVICES</p> <p>G-1 is a list of the Sole Source providers.</p> <p><i>Identify applicable justification and provide documentation for each checked item.</i></p>
	<p>➤ Only one bona fide source for the service exists; performance and price competition are not available.</p>
✓	<p>➤ Quick action is required (emergency situation)</p>
	<p>➤ Proposals have been solicited but no satisfactory proposals were received.</p>
	<p>➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.</p>
	<p>➤ Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.</p>
	<p>➤ It is most cost-effective to obtain services by exercising an option under an existing contract.</p>
	<p>➤ It is the best interest of the County (e.g., administrative cost savings, too long a learning curve for a new service provider, etc.).</p>
✓	<p>➤ Other reason. Please explain: For a further justification, please refer to Attachment D in Board letter</p>
	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Sheila Shima Deputy Chief Executive Officer, CEO </div> <div style="text-align: center;"> <u>2/2/10</u> Date </div> </div>

LIST OF SOLE SOURCE CONTRACTS**RENEW-LAC**

City of Los Angeles

Los Angeles County Office of Education (LACOE)

Los Angeles Unified School District (LAUSD)

LAUSD

Los Angeles Universal Preschool (LAUP)

City of Long Beach

City of Long Beach

City of Pasadena (Public Health)

California Center for Public Health Advocacy (CCPHA)

Project TRUST

Oxford Outcomes, Inc.

City of Los Angeles

LAUSD

LACOE

City of Long Beach

City of Pasadena

University of California, Los Angeles (UCLA)

Smoking Cessation Leadership Center (SCLC)

Technical Assistance Legal Center (TALC)

American Lung Association in California (ALAC)

American Legacy Foundation

Dr. Neil Klepeis

Rogers Group

California Smokers' Helpline Center for Tobacco Cessation, Moores UCSD Cancer Center

CBS Outdoor

ARRA -SOLE SOURCE

EXHIBIT I

OBESITY PREVENTION FOCUS AREA: PROJECT RENEW-LAC

NAME	TERM	AMOUNT	SERVICE
1 City of Los Angeles	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 300,000	Create transit oriented district plans
2 Los Angeles County Office of Education (LACOE)	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 2,000,000	Conduct physical education-focused professional development and leadership program with LAUSD and other school districts
3 Los Angeles Unified School District (LAUSD)	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 915,000	Establish and implement new nutrition policies that integrate the 2009 Institute of Medicine nutrition recommendations for school meals
4 LAUSD	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 1,000,000	Conduct YRBSS and evaluation activities with a designated set of LAUSD schools
5 Los Angeles Universal Preschool (LAUP)	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 508,000	Assist its member preschools to adopt and implement new policies that increase access to healthy foods, restrict access to unhealthy foods and expand opportunities for physical activity
6 City of Long Beach	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 390,000	Implement healthy food and beverage policies for all city programs serving youth

ARRA -SOLE SOURCE

EXHIBIT I

OBESITY PREVENTION FOCUS AREA: PROJECT RENEW-LAC

NAME	TERM	AMOUNT	SERVICE
7 City of Long Beach	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 72,000	Establish bike-friendly business districts and incorporate bike-friendly policies and objectives into the general plan and Bike Master Plan updates
8 City of Pasadena (Public Health)	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 200,000	Implement healthy food and beverage policies for all city programs serving youth
9 California Center for Public Health Advocacy (CCPHA)	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 945,071	Conduct city outreach and social marketing
TOTAL - RENEW LAC		\$ 6,330,071	

ARRA -SOLE SOURCE

EXHIBIT I-A

Tobacco Control and Prevention Focus Area Project TRUST

NAME	TERM	AMOUNT from CDC - ARRA	AMOUNT from TOBACCO MASTER SETTLEMENT	TOTAL AMOUNT	SERVICES
1 Oxford Outcomes, Inc.	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 150,000		\$ 150,000	Study the cost of tobacco product litter and the appropriate abatement fee to support proposed legislated policy
2 City of Los Angeles	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 800,000		\$ 800,000	Expand tobacco enforcement and smoking prevention programs in schools
3 LAUSD	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 800,000		\$ 800,000	Promote tobacco free policies, wellness mentor programs and YRBS data collection
4 LACOE	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 1,000,000		\$ 1,000,000	Promote tobacco free policies and targeted smoke free programs at continuation schools
5 City of Long Beach	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 400,000		\$ 400,000	Expand smoke free policies in their jurisdiction and hospitals in the area
6 City of Pasadena	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 300,000		\$ 300,000	Media campaign in their jurisdiction and strengthen existing tobacco free policies
7 University of California, Los Angeles (UCLA)	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 850,000		\$ 850,000	Develop new smoke free policies in transitional shelters and provide cessation services for the homeless in Los Angeles County
8 Smoking Cessation Leadership Center (SCLC)	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 600,000		\$ 600,000	Provide technical assistance and trainings on how to implement smoke-free indoor and outdoor policy and /or how to integrate tobacco treatment interventions into an existing program

ARRA -SOLE SOURCE

EXHIBIT I-A

Tobacco Control and Prevention Focus Area Project TRUST

NAME	TERM	AMOUNT from CDC - ARRA	AMOUNT from TOBACCO MASTER SETTLEMENT	TOTAL AMOUNT	SERVICES
9 Technical Assistance Legal Center (TALC)	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 550,000		\$ 550,000	Provide legal advice and technical support for the drafting of legislated policy and smoke-free initiatives
10 American Lung Association in California (ALAC)	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 450,000		\$ 450,000	Provide community organizing strategy trainings and technical advice to help community coalitions secure support and adopt local city policies
11 American Legacy Foundation	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 600,000		\$ 600,000	Provide technical expertise in tobacco education, using existing media and education tools developed
12 Dr. Neil Klepeis	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 100,000		\$ 100,000	Conduct a study of airborne outdoor particle levels due to outdoor smoking activity in Los Angeles County to inform proposed legislated policies
13 Rogers Group	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 450,000		\$ 450,000	Media communications and message development
14 California Smokers' Helpline Center for Tobacco Cessation, Moore's UCSD Cancer Center	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 850,000	\$ 500,000	\$ 1,350,000	Distribute nicotine replacement therapy and cessation counseling
15 CBS Outdoor	February 26, 2010 – February 25, 2011 February 26, 2011 – February 25, 2012 With provisions to adjust the term including a no cost extension	\$ 2,000,000	\$ 750,000	\$ 2,750,000	Media placement contract to support the activities of the CDC award
TOTAL - TRUST		\$ 9,900,000	\$ 1,250,000	\$ 11,150,000	